

1-15-02

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Smits et al.

TITLE: METHOD AND APPARATUS FOR IMPARTING CURVES IN IMPLANTABLE ELONGATED MEDICAL INSTRUMENTS

CERTIFICATE UNDER 37 CFR §1.10. I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No EV 019 707 229 US, on this 9 day of January, 2002

Sue McCoy

Printed Name

Signature



Attorney for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:
We are transmitting herewith the attached:

Patent Application Transmittal

Specification:

Total pages: 32 (including claims and abstract; Spec. 22 sheets; Claims 9 sheets; Abstract 1

Drawings:

Total sheets: 6
 formal informal

 Combined Declaration and Power of Attorney:

- unexecuted
 copy from prior application
 Deletion of Inventor(s) - Signed statement attached deleting Inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
 Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- Notification of filing a
 Assignment of the Invention to Medtronic, Inc.
 Assignment cover sheet
 Information Disclosure Statement
 PTO Form 1449
 Copies of IDS citations
 Preliminary Amendment
 A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
 Return Postcard

IF A CONTINUING APPLICATION:

- Continuation Divisional
 of prior application No. 1
- Amend the specification by inserting before the first line the sentence: This application is a continuation
 division continuation in part
 of application number _____, filed _____
- Cancel in this application original claims _____ of the prior application before calculating the filing fee.
 (At least the original independent claim must be retained for filing purposes.)
- The prior application is assigned of record to Medtronic, Inc.
- The Power of Attorney in the prior application is to: _____

10/045850

01/09/02

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.
 Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724

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FEE CALCULATION	No. of Claims Filed	Claims Included In Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	25	20	= 5	x 18	90
Independent Claims	6	3	= 3	x 84	252
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$740.00
				TOTAL	1082.00

Charge Deposit Account No. 13-2546 the amount of \$1082.00 for a **TOTAL OF \$1082.00**

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

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